



## Study Group

- Child and youth MaineCare members with emotional and behavioral challenges enrolled in Home and Community Based Treatment (HCT) services between July 1, 2010 and June 30, 2013 (*SFY 2011 and SFY 2012*)

## Data and Methods

- Data sources include:
  - MaineCare paid claims data from the Maine Health Information Management System (MHIMS)
  - Maine Automated Child Welfare Information System (MACWIS)
- Services examined included all:
  - MaineCare mental health related services
  - Psychiatric inpatient hospital (*mental health and physical health*)
  - Emergency department services
- Childhood trauma exposure identified through presence of specific diagnoses that include:
  - Post Traumatic Stress Disorder (PTSD)
  - Acute Stress
  - Child Abuse
  - Child Maltreatment
  - Child Sexual Abuse

## Demographics

- Total Study Group: 5,736 members
- Gender: 62% Male; 38% Female
- Average Age: 11.78 Years
  - Male: 11.51 Years
  - Female: 12.22 Years

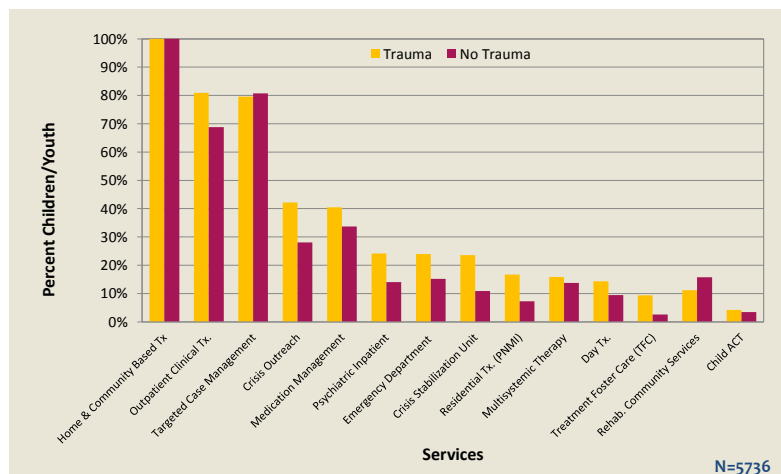
## Trauma Exposure and Mental Health Service Use Among Child and Youth Recipients of Home and Community Based Treatment Services in Maine

This month's snapshot is the last of a two-part series that presented the results of three studies focused on the prevalence of psychological trauma and the impact of trauma exposure on mental health service use among child and youth recipients of MaineCare behavioral health services.

In Maine, studies of children and youth with behavioral health challenges report rates of Post Traumatic Stress Disorder (PTSD) ranging from 13% to 16% – nearly three times higher than the national population estimates for the disorder. Consistent with the research literature, PTSD rates in Maine have been found to be significantly higher in females, older youth, and children involved with the child welfare system.

Building on previous research in Maine and nationally, this Snapshot focuses on the impact of trauma exposure on the pattern of mental health service use among children and youth enrolled in Home and Community Based Treatment services.

### HCT STUDY GROUP: COMPARISON OF MENTAL HEALTH SERVICE USE BETWEEN TRAUMA & NON-TRAUMA GROUPS



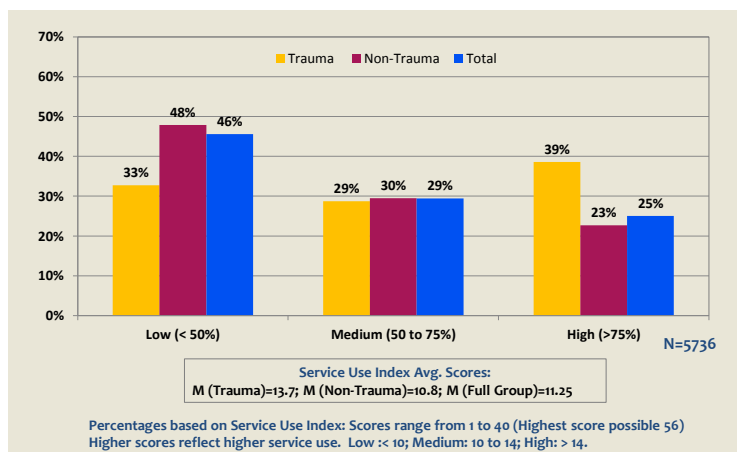
### Child and youth recipients of HCT services who experienced trauma were...

- Significantly more likely to use high-end mental health services, including inpatient psychiatric hospitalization, residential/group treatment, and crisis outreach and stabilization services, and
- More likely to use outpatient treatment, medication management, and emergency department services

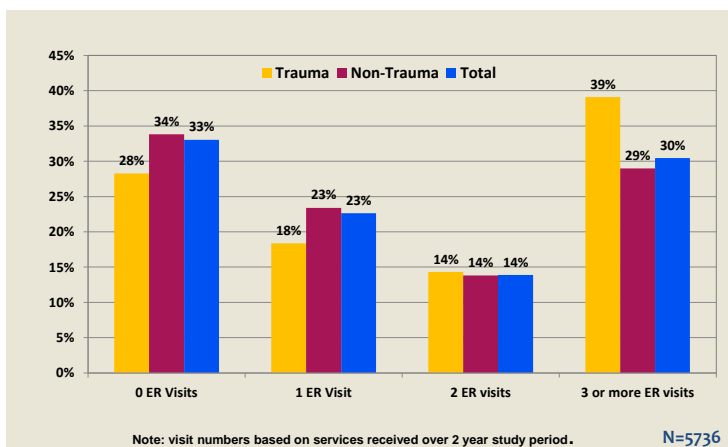
**Than children without a trauma history.**

# Relationship Between Trauma Exposure and Mental Health Service Use

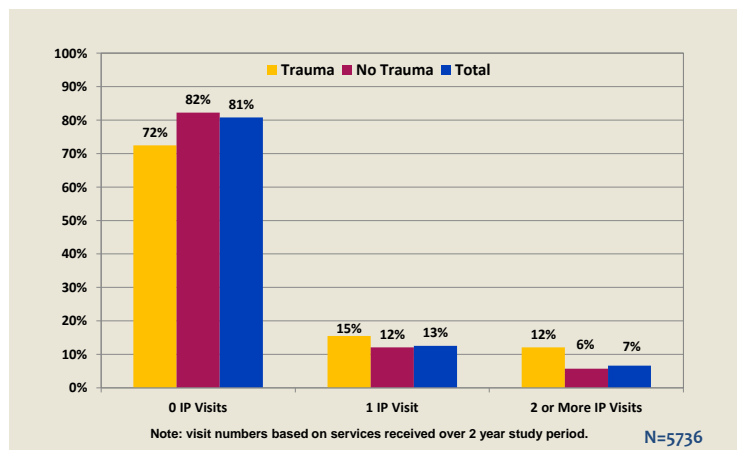
## HCT STUDY GROUP: LEVEL OF MENTAL HEALTH SERVICE USE BETWEEN TRAUMA & NON-TRAUMA GROUPS



## HCT STUDY GROUP: COMPARISON OF EMERGENCY DEPARTMENT VISITS BETWEEN TRAUMA & NON-TRAUMA GROUPS



## HCT STUDY GROUP: COMPARISON OF PSYCHIATRIC INPATIENT STAYS BETWEEN TRAUMA & NON-TRAUMA GROUPS



## TRAUMA AND INTENSITY OF SERVICE USE

### Child and youth recipients of Home & Community Based Treatment services who experienced trauma were:

- 2 times more likely to be high service utilizers (above the 75<sup>th</sup> percentile in overall service use);
- 2 times more likely to have 2 or more Inpatient psychiatric stays;
- 1.6 times more likely to have 3 or more Emergency Department Visits;
- 2.7 times more likely to have spent 6 months or more in residential treatment services;
- 2 times more likely to be high utilizers of crisis services;
- More likely to be high utilizers of other Community-based mental health services including: Outpatient Services, HCT, and Targeted Case Management.

Than children and youth without a trauma history.

## Conclusions

1. Psychological trauma is pervasive among child and youth recipients of behavioral health services, but remains under identified and under treated by mental health professionals.
2. Increase knowledge and awareness of the impact of trauma and trauma informed approaches to physical and behavioral health care through workforce development and training efforts.
3. Routine trauma screening of all youth receiving behavioral health services using standardized screening tools is essential to ensure that trauma (PTSD) is identified early and treatment is provided.
4. Increase access and availability of evidence-based trauma-specific treatments for youth.

Contact Office of Continuous  
Quality Improvement Services

Tel: (207) 624-7988

Visit OCQIS Website

<http://www.maine.gov/dhhs/OJ/index.shtml>



Paul R. LePage, Governor

Department of Health  
and Human Services

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